

# Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 119 780665	FILING DATE 02 - 08 - 01					
						CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/						51					
2		/					52					
3		/					53					
4		/					54					
5							55					
6		/					56					
7		/					57					
8		/					58					
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18		/					68					
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36		/					86					
37		/					87					
38		/					88					
39		/					89					
40		/					90					
41	/						91					
42	/						92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	4						TOTAL IND.					
TOTAL DEP.	38						TOTAL DEP.					
TOTAL CLAIMS	42						TOTAL CLAIMS					